

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17686

## 1 PLACE OF DEATH

County MullensburgFile No. 5

Vot. Pot. \_\_\_\_\_

Registration District No. 1087Registered No. 47Inc. Town Central CityPrimary Registration District No. 1735

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME George Wynn

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH \_\_\_\_\_

7 AGE 59 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.IF LESS than 1  
day: \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?

8 OCCUPATION

(a) Trade, profession or particular kind of work Miner  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Wales10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Mitchell(Address) Central city

15

Filed 8/1 1925 - A. L. Blaupfard Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 1, 1925

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from Oct, 1924, to July 1, 1925,that I last saw him alive on July 1, 1925,and that death occurred on the date stated above at 5 P.M.

The CAUSE OF DEATH\* was as follows:

Rheumatism(Duration) \_\_\_\_\_ yrs. 7 mos. \_\_\_\_\_ ds.Contributory (Secondary) Allegedly(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.(Signed) J. H. McDaniel, M. D.July 11, 1925 (Address) Central city, Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, \_\_\_\_\_

If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Fairmount July 3, 1925

20 UNDERTAKER ADDRESS

Arthur G. Gentry Central City

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKES PRESERVED FOR RECORDS